



*YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST AND MAY BE PLACED ON THE INTERNET.

9.	HAVE YOU TAKEN THE EDUCATIONAL TESTING SERVICE/NATIONAL TEACHER EXAMINATION (NTE) IN SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY? <div style="display: flex; justify-content: space-between;"> YES ____ NO ____ IF YES, DATE: ____/____/____ MONTH / YEAR YOUR SCORE: ____ (MINIMUM SCORE OF 600 REQUIRED) </div>
HAVE THE EDUCATIONAL TESTING SERVICE FORWARD STANDARD SCORE EXAMINATION RESULTS TO OUR OFFICE.	
10.	HAVE YOU BEEN LICENSED TO PRACTICE SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY IN ANY STATE OR COUNTRY? YES ____ NO ____ A. PLEASE LIST ANY AND ALL STATES IN WHICH YOU HOLD A CURRENT LICENSE: _____
11.	IN WHAT STATE WAS YOUR SUPERVISED PROFESSIONAL EXPERIENCE OR CFY OBTAINED? _____
12.	HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION REGARDING ANY SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, OR OTHER HEALING ARTS LICENSE, WHICH YOU NOW HOLD OR HAVE PREVIOUSLY HELD? YES ____ NO ____ (IF YES, GIVE DETAILS ON SEPARATE SHEET)
13.	HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, OR ANY OTHER HEALING ARTS, OF ANY STATE? YES ____ NO ____ (IF YES, GIVE DETAILS ON SEPARATE SHEET)
14.	HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE TO PRACTICE IN THE HEALING ARTS IN ANOTHER STATE? YES ____ NO ____ (IF YES, GIVE DETAILS ON SEPARATE SHEET)
15.	HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR OR FELONY OF ANY STATE, THE UNITED STATES, OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN FINES OF \$75 OR LESS) YES ____ NO ____ (IF YES, GIVE DETAILS ON SEPARATE SHEET)
YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND/OR DISMISSED UNDER PENAL CODE SECTION 1203.4 OR UNDER ANY OTHER PROVISION OF THE LAW.	

NOTE: THE PHOTOGRAPH AND THE SWORN STATEMENT BELOW MUST BE DATED WITHIN SIXTY (60) DAYS OF THE FILING DATE OF THIS APPLICATION.

ATTACH 2" X 2" OR 3" X 3"
PASSPORT TYPE PHOTOGRAPH HERE

STATEMENT OF APPLICANT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF A LICENSE.

DATE: _____ SIGNATURE: _____
(SIGNATURE MUST BE IN BLUE INK)